

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 X 662

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm ()   C   C	ent Name	井	4702230	Telephone Number (812) 944-5344	Date of In (mm/dd/y)	r) :
3601 Grantline Rd New Albany, IN 47150 [1812/31.						19 18-
Maci	' Con	ver	nience store LLC	Purpose:  1. Routine	Follow-up Release Date Today	
Owner's A	ddress X34	7	columbur, OH 47202	2. Follow-up 3. Complaint	Summary of Violations:  C_l_NC_2_R_3  Menu Type (See back of page)	
Person in C	•	HI	ubert	4. Pre-Operational		
Responsible	e Person's	E-ma	il	5. Temporary 6. HACCP		
Certified F	ood Manag	ger		7. Other (list)	12	<u>√3_4_5_</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
415	C	R	Observed insect in disp	lay case.		Today
430	NC P observed the following in need of repair:					4 Weeks
		<u> </u>	-ceiling tiles in lobb 7 (2)			
			back storage (6) back rest		y (2)	
			above agary behind check	out (1)	•	
				gar cabinet i	<u>n</u>	
1101	NIO	_	office hallway.	1 - 4 - 0		
431	NC	R	Obverved spill hear sod	a boxes		1009
<u> </u>	-		0.711			·
	- Callforextension if needed Invoice will be mailed and must be					
<del></del>						
· <del></del>	paid before second follow up.					
	-Provide recipts or pictures of replaced					
			tiles		<u> </u>	
		L.,		·		
	<u>L</u>					
Received by (name and title printed):  GINGEL HUBERT (Store Managers) Inspected by (name and title printed):  Tyler Smith, EHS Towns Snide EX						
Received by	y (signature	):		Inspected by (signature):		time
cc:			cc:	OI O	cc:	7